

DOCUMENTATION OF FACE TO FACE ENCOUNTER

Medicare (traditional fee-for –service) Certifications

Patient: _____ DOB: _____

I certify that the above named patient is under my care and that I, or a nurse practitioner working with myself, had a face to face encounter that meets physician face-to-face encounter requirement with this patient on: (date) _____

The encounter with the patient was in whole or in part for the following medical condition, which is the primary reason for the need of durable medical equipment: [ICD9 diagnosis code(s)]

Due to Medicare regulations the following documentation is required:

I certify based on my findings the following durable medical is/are medically necessary:

[List equipment being ordered]

My clinical findings, discussed below, support the need for the above services:

[May attach copy of documentation from patients medical record]

Physician Signature: _____ Date: _____

Physician Printed Name: _____

NPI# _____

**Physician please note: Please forward a copy of the medical record associated with the Face to Face encounter if available. **



**3115 E. 38th Street
Minneapolis MN 55406
612-722-9000
apa@apamedical.com**